

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**Sanford 2020**

**A. Full Name (Last, First, Middle Initial)**

**Gargiulo, Andrea, , ,**

Mailing Address 13 West Cedar Street

City  
Boston

State  
MA

Zip Code  
02108

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Arbella Mutual Insurance Company

Occupation  
Director

Receipt For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : A02889C1F4B5E4C0B909**

Date of Receipt

MM / DD / YYYY  
09 / 08 / 2019

Amount of Each Receipt this Period

250.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**Harris, Jay, , ,**

Mailing Address 522 S Edmonds Lane, 103

City  
Lewisville

State  
TX

Zip Code  
75067

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Harris Hospice, Inc.

Occupation  
Administrator

Receipt For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : AAB707A1CC69D4C959B0**

Date of Receipt

MM / DD / YYYY  
09 / 08 / 2019

Amount of Each Receipt this Period

500.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**Huebscher, Fred, , ,**

Mailing Address 924 16th Street

City  
Hermosa Beach

State  
CA

Zip Code  
90254

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation  
Consultant

Receipt For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : A2569C97FFF354A36A8B**

Date of Receipt

MM / DD / YYYY  
09 / 08 / 2019

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1750.00

**Total This Period (last page this line number only)**.....